

DATE: 4/24/24

AGENDA ITEM (ACTION ITEM):

Consider/Approve a Mental Health Professional Educational Assistance Plan (MHPEAP) for active, full-time Kenton County School District (KCS D) employees who meet the criteria for the School Based Mental Health (SBMH) grant from the Northern Kentucky Cooperative for Educational Services (NKCES) through 2027.

APPLICABLE BOARD POLICY:

01.011 General Power and Duties of the Board

HISTORY/BACKGROUND:

The district proposes a Mental Health Professional Educational Assistance Plan (MHPEAP) allowing active, full-time Kenton County School District (KCS D) employees who meet the criteria for the School Based Mental Health (SBMH) grant from the Northern Kentucky Cooperative for Educational Services (NKCES) to receive reimbursement for qualifying expenses. Employees utilizing the MHPEAP would be reimbursed for tuition and other qualifying expenses to obtain a mental health degree. This program is designed to increase the number of qualified mental health professionals in the school setting. It serves as an opportunity for employees looking to grow professionally within, and remain in, the Kenton County School District.

FISCAL/BUDGETARY IMPACT:

Up to \$15,000 a year for four years- 2024, 2025, 2026, 2027. (paid from NKCES School Based Mental Health grant)

RECOMMENDATION:

Approval of a Mental Health Professional Educational Assistance Plan (MHPEAP) for active, full-time Kenton County School District (KCS D) employees who meet the criteria for the School Based Mental Health (SBMH) grant from the Northern Kentucky Cooperative for Educational Services (NKCES) through 2027.

CONTACT PERSON:

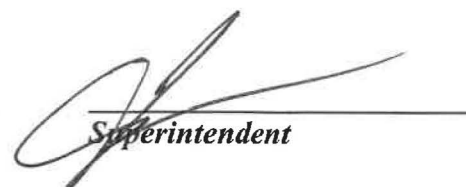
Karen Hendrix



Principal/Administrator



District Administrator



Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda. Principal—complete, print, sign and send to your Director. Director—if approved, sign and put in the Superintendent's mailbox.

Mental Health Professional Educational Assistance Plan

Objective

The Kenton County School District (KCS D) supports employees who wish to continue their education to secure increased responsibility and growth. To demonstrate this support, the District has established a Mental Health Professional Educational Assistance Plan (MHPEAP) to reimburse qualified candidates for expenses incurred through approved institutions of learning. The MHPEAP supports two specific objectives:

1. Provide a world-class education to ALL KCS D students by increasing the number of credentialed employees in the area of mental health and related to a current KCS D mental health job description.
2. Support employees who want to grow professionally by completing a degree in the area of mental health in order to accept KCS D employment opportunities in this field.

Staff Eligibility

- If a full-time employee moves to part-time, then that employee is no longer eligible for reimbursement.
- If an employee takes a paid or unpaid leave of absence for a time frame longer than twelve weeks from their KCS D position, then the employee is not eligible for reimbursement.
- If an employee is terminated or resigned, the original funding allocated to that employee will be redistributed among the remaining qualified employees.
- All internal applicants must be approved by the NKCES SBMH staff

Procedures for Program Consideration

- Complete the application for reimbursement through the Mental Health Professional Educational Assistance Plan (MHPEAP).
- Submit the following required documentation following the course completion:
 - Copy of the Proof of Tuition Payment for the semester/grading period
 - If paying by credit card, submit a copy of your statement showing the tuition payment. Black out account numbers and unrelated purchase/payment information. Your name must match the name on the statement. If your name is not on the credit card statement, a signed letter must be attached from the cardholder stating permission for use was given.
 - If payment was made through a student loan, an invoice must be submitted to the KCS D from the loan provider. In this case, the tuition reimbursement will be made directly from the KCS D to the loan provider.

Reimbursement of Tuition Payments

- Employees must pay up front and seek reimbursement after making the qualifying payment and successfully completing the course with a passing grade of B or better.
- Coursework may only take place during non-work hours.
- Tuition reimbursement will be made to eligible employees once all required documents (proof of tuition bill, proof of payment and proof of passing grade) have been turned in to the Director of District Wide Programs and approved by KCS D at the end of the term.

Reimbursement Limits

- Total reimbursement for all accepted MHPEAP applicants will not exceed the total sum of \$15,000 per year. Individual reimbursements will be dependent upon how many qualified MHPEAP applicants are approved for reimbursement that year. MHPEAP applicants must apply by September 15th. Funds for MHPEAP are from Northern Kentucky Cooperative for Educational Services (NKCES) and will expire in June 2027.
- Reimbursements can include: tuition, books, and parking. Reimbursements shall not include: late registration fees, certain non-tuition costs, such as but not limited to: travel, food, room and application fees, or other fees as defined by KCS D.
- The taxable status of the reimbursement will follow current IRS regulations. Reimbursement over IRS limits may result in taxable income.

Program Assistance

Contact the Director of District Wide Programs at 859-344-8888 for assistance.



Application for Reimbursement through the Mental Health Professional Educational Assistance Plan

Tuition reimbursement eligibility requirements (must meet all four requirements to be eligible):

1. Any active (classified or certified), full-time Kenton County School District (KCS D) employee
2. Approved Application for reimbursement through the Mental Health Professional Educational Assistance Plan (MHPEAP)
3. Accepted into an approved collegiate mental health related program as defined by the Northern Kentucky Cooperative for Educational Services (NKCES)
4. An undergraduate or graduate student pursuing a mental health certification or respecialization

This is an application only and must be submitted by September 15th to be considered for reimbursement.

NAME: _____ Employee Number: _____
First Middle Last

HOME ADDRESS: _____
Street City State Zip

WORK EMAIL ADDRESS: _____

PERSONAL EMAIL ADDRESS: _____

CURRENT DISTRICT POSITION: _____ CURRENT SCHOOL/DEPT: _____

NAME OF UNIVERSITY/EDUCATION INSTITUTION: _____

ESTIMATED COMPLETION DATE OF PROGRAM (MONTH/YEAR): _____

Applicant to initial the following:

____ I meet the requirements of the MHPEAP as listed on this application and all other MHPEAP forms and/or instructions.

____ If accepted into the MHPEAP program, I understand it is my responsibility to submit all required documentation of the MHPEAP to the KCS D.

____ I understand I will not be reimbursed for, and that it is my responsibility to pay costs due to late registration and certain non-tuition costs to include but not limited to: travel, food, room, and application fees.

____ I ensure I am not receiving reimbursement from any other source for the certification program/education program I am applying for through this application process. If I do receive any reimbursement or tuition assistance from any source other than the MHPEAP, I will disclose the source and amount of reimbursement and/or assistance to the KCS D immediately.

Applicant/Employee Name (PRINT NAME) Signature of Applicant/Employee Date

FOR KCS D OFFICE USE ONLY:

Application received: _____ Application Approved: _____ Application Denied & Returned: _____
Date Date Date

Superintendent/Designee Signature: _____ Date

Reason for Denial: _____